

PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
OFFICE OF COMMUNICATION
ATLANTA, GEORGIA 30333

REQUEST FOR TASK ORDER PROPOSAL

Date Issued: June 28, 2004

Date Proposals Due: July 30, 2004

Questions Due: July 7, 2004

Forward Questions and Proposals via email to:
Steve Lester, Contracting Officer, svl3@cdc.gov

Request for Task Order Proposal (RFTOP) NO.: 190 CDC-12

Title: Risk Communication Technical Assistance for the National Program of Cancer Registries (NPCR)

Contract reference: This Request for Task Order Proposal is consistent with the purposes for which the NIH Public Information and Communication Services (PICS) contracts for health communication services were awarded. This RFTOP includes tasks described in the contract as 1) Communications Research; 2) Media Analysis and Outreach; 3) Media and Crisis Communication Training; 4) Information and Referral; 6) Press, Public Information, Marketing and Media Services; 8) Product Development; 12) Database Development/Management; and 14) Web Design, Development and Management. This project is designed to provide the Division of Cancer Prevention and Control (DCPC) with risk communication materials development, training, media outreach, and technical assistance to support the National Program of Cancer Registries or NPCR in responding to public and media inquiries about unusual or perceived abnormal incidence of cancer in a geographical area.

Page Suggestion: This proposal should be limited to no more than 45 pages, double spaced, 12 point font. A reasonable amount of supplemental materials that may be contained in appendices (e.g., detailed staff credentials, sample materials, etc.)

Budget format suggestion:

For purposes of the RFTOP, please provide a detailed budget for this Task in an Excel spreadsheet by each task listed below. State clearly any assumptions used in determining the budget.

Funding Range: Over \$300,000 but less than \$500,000

Background:

The Division of Cancer Prevention and Control (DCPC) serves as a leader for nationwide cancer prevention and control and as a partner with state health agencies and other key groups. The division plans and conducts epidemiologic studies and evaluations to identify the feasibility and

effectiveness of cancer prevention and control strategies. DCPC seeks to identify problems, needs, and opportunities related to modifiable behavioral and other risk factors, and recommends priorities for health promotion, health education, and cancer risk reduction activities and campaigns for professionals and the public. DCPC also provides technical consultation, assistance, and training to state and local public health agencies and other health care provider organizations to improve education, training, and skills in the prevention, detection, and control of selected cancers, including breast, cervical, colorectal, prostate, and skin cancers.

CDC's National Program of Cancer Registries

The Centers for Disease Control and Prevention (CDC) has administered the National Program of Cancer Registries (NPCR) since 1994. This program is currently helping states and U.S. territories to

- Improve their cancer registries.
- Meet standards for data completeness, timeliness, and quality.
- Use cancer data to support cancer prevention and control programs.
- Train registry personnel.
- Establish computerized reporting and data-processing systems.
- Develop laws and regulations that strengthen registry operations.

Before NPCR was established, 10 states had no registry and most states with registries lacked the resources and legislative support needed to gather complete data. With fiscal year 2002 funding of approximately \$40 million, CDC's NPCR supported central registries and promoted the use of registry data in 45 states, the District of Columbia, and the territories of Puerto Rico, the Republic of Palau, and the Virgin Islands. CDC also developed special research projects such as studies to examine patterns of cancer care in specific populations. CDC's goal is for all states to maintain registries that provide high-quality data on cancer and cancer care.

NPCR complements the National Cancer Institute's (NCI) Surveillance, Epidemiology, and End Results (SEER) registry program. Together, NPCR and the SEER program collect cancer data for the entire U.S. population. The SEER program gathers in-depth data on cancer cases diagnosed in Connecticut, Hawaii, Iowa, New Mexico, and Utah, as well as in six metropolitan areas and several rural/special population areas. The six metropolitan SEER registries and some of the rural/special population registries submit data to NPCR's state registries. In 2001, SEER began providing additional support to four NPCR-supported state registries (California, Kentucky, Louisiana, and New Jersey).

Assisting States

CDC provides leadership and support to improve the quality of cancer registry data and to use these data for cancer control planning. The agency does this by

- Providing technical assistance to registries to help ensure data completeness, timeliness, and quality.
- Coordinating and convening meetings of registry personnel for information sharing, problem solving, and training.

- Helping states and national organizations use cancer data to describe state and national disease burdens, evaluate cancer control activities, and identify populations at risk for certain cancers.
- Collaborating with federal, state, and private organizations to design and conduct research using data collected through state registries.

Implementing the NPCR–Cancer Surveillance System

NPCR has a unique opportunity to strengthen cancer reporting in the United States. NPCR registries collect information on cancer cases occurring among 96% of the U.S. population. In 2001, CDC began to receive state cancer data from these registries on an annual basis for entry into the NPCR–Cancer Surveillance System. This repository for cancer data is enabling CDC to provide valuable feedback to help state registries improve the quality and usefulness of their data and link with other databases. In addition, the availability of regional and national data is expected to facilitate studies in areas such as rare cancers, cancer in children, and cancer among specific racial and ethnic minority populations. For more information, see <http://www.cdc.gov/cancer/npcr/register.htm#npcr>.

Cancer Investigations

In the course of on-going business, NPCR registries are often the first to response to inquiries from the public and the news media about so-called “cancer outbreaks.” While occasionally representing a true public health problem, more often it represents cluster of cases within normal statistical occurrences. In an email inquiry of NPCR registries conducted by DCPC in 2003, 91% of registries requested resources to assist them manage the news media coverage of public concern about higher than suspected cases of cancer. This RFTP is designed to provide such support, and represents a collaborative effort between various CDC offices, including DCPC, the Agency for Toxic Substances and Disease Registry (ATSDR), and the National Center for Environmental Health (NCEH).

A. PURPOSE/OBJECTIVES

Independently, and not as an agent of the Government, the vendor shall provide labor, equipment, materials, supplies, travel, and transportation, except those specified to be provided by the Government, necessary to complete the tasks under this scope of work.

The overall objectives of this task are:

- a. Increase capacity of NPCR states and territories to respond to cancer inquiries from the news media and public using principles of risk communication
- b. Provide training to NPCR states and territories that will increase their knowledge of risk communication and enhance their capacity in dealing with the news media and public
- c. Identify, inventory and document existing risk communication materials appropriate for NPCR states and territories
- d. Provide a variety of technical assistance documents and materials with will help NPCR states and territories that in dealing with the news media and public. Such materials will

- be in the public domain and designed to facilitate adoption or adaptation (with State customization as needed)
- e. Facilitate states' using, adapting, or modifying such materials as appropriate for their needs or uses.
 - f. Conduct media outreach to improve the understanding of cancer, cancer surveillance, and the epidemiology of cancer cases and investigations

B. TASKS TO BE PERFORMED:

There are several discrete tasks to be performed, which are described below. These tasks can be performed simultaneously or sequentially as appropriate.

Task 1: Task Planning and Management. This task involves planning and on-going administrative functions related to providing technical assistance (TA) to NPCR registries, the development and implementation of training and technical assistance documents, and media outreach. Initial steps include meeting with DCPC and CDC representatives to discuss the overall scope of this project, review NPCR needs, and begin technical assistance planning. Soon after initial meetings and discussions, the Contractor will develop an overall plan to provide TA to NPCR. The contractor will also assist CDC with the development of any CDC/HHS clearance package(s) as needed for any of the materials developed. In addition, as part of on-going management of this overall task, the Contractor will prepare and submit project updates, monthly reports, and other documentation as requested by the technical monitor. Details of the updates will be specified by the technical monitor, and may include: descriptions of proposed activities; minutes from conference calls and meetings, project status reports, and project timelines. The monthly reports may include, but not be limited to, the following:

- a. Progress toward meeting task objectives and timelines
- b. Dates of deliverables submitted and dates completed
- c. Remaining activities to be done and proposed times
- d. Estimates of expended resources to allow timely fiscal monitoring of tasks funds
- e. Problems encountered and anticipated; recommendations for resolution

Reports may be submitted electronically in formats specified by the technical monitor. These reports are in addition to those required by the overall contract, but may be similar or identical in nature.

Task 2: Risk Communication Resource Inventory and Recommendations

This task involves inventorying risk communication materials that may be helpful to NPCR registries, as well as helpful in guiding the development of any new technical assistance documents. After discussions with CDC representatives, and selected NPCR representatives, the Contractor should propose an approach to this task, and develop a plan to collect and describe existing risk communication materials. A selected number of cancer communication and/or other materials may also be included in the inventory as appropriate. In inventorying materials, the contractor should: examine materials in all formats, including print, video, interactive and

web based sources; obtain copies of the materials and provide at least one copy to CDC; identify the source and provide information about the products' development and restrictions on use (e.g. in the public domain); critically examine the materials for content, appropriateness, subject matter, etc.; and describe the materials using a format and outline as approved by the technical monitor. Based upon the results of this inventory, the Contractor should meet with CDC and others as specified, discuss the implications of the results, and prepare a report detailing recommendations for product development, training, media outreach, and technical assistance. In preparing this RFTP, Contractors are encouraged to demonstrate their knowledge of the risk communication by providing a bibliography, and/or a critical analysis of available materials and training.

Task 3: Technical Assistance Document Development

Based upon the results of the task above, the Contractor may be asked to develop one or more technical assistance products. Exact documents, their formats, and the precise topics and content will be determined after award of this task, and will be based upon on-going discussions with CDC and the target audience(s). Contingent upon need and the availability of additional resources, this task may be expanded in the future. Materials will be designated for use in the public domain, and will be solely owned by the Federal Government. Buyouts on all talent including photographs, diagrams, graphics and artwork will be required, and materials should be designed in a way to facilitate use, adoption, or modification for local use by NPCR registries. If any materials are developed for print, they should also be developed in one or more electronic forms (e.g. PDF files, web pages, etc). Several different products are expected to be developed under this RFTP and may include, but are not limited to the following. The list below is not mutually exclusive, and one or more of the following may be combined and/or developed in print, web, and/or CD ROM formats

- a. Annotated Bibliographies detailing the results of task 2 above, and potentially searchable if in electronic format.
- b. Cancer Investigation Support Materials that provide a collection of existing and/or new materials, websites, etc. that may be useful to NPCR registries when dealing with investigations.
- c. Fact Sheet(s) for the Public, Media and/or Other Audiences— Simple, one to two page sheets explaining a series of topics deemed appropriate by CDC and the target audience (e.g., what makes an “outbreak?” what causes cancer? investigating high rates of cancer, etc.)
- d. Talking Points Tip Sheets—Talking points could be developed for typical events in a cancer investigation (e.g. announcement of investigation, new case identified, plan for environmental sampling.)
- e. Guide to Communication Planning—a “how-to” document that includes examples from the communication protocols of registries experienced with cancer investigations and news coverage.

- f. Risk Communication Train the Trainer Manual – a training manual designed to help train others in the principles of risk communication.
- g. Cancer and Risk Communication Training CD -- an interactive training CD ROM that uses the principles of risk communication and applies it to cancer and cancer investigations.
- h. Other Materials either proposed by the Contractor, and/or determined in the future. Offerors may use this category to propose ideas for TA products not otherwise requested or noted.

Task 4: Materials Review and Pre-Testing

The Contractor may be asked to provide review and/or pre-testing of materials developed. The effort involved in such review and testing should be appropriate to the amount of resources invested into product development. For materials developed for NPCR registry staff, it is expected that expert and peer review will suffice (e.g., no pre-testing with the audience.) Experts will be defined by the technical monitor and other CDC partners, with input and suggestions from the Contractor. The experts may be drawn from experienced NPCR states, experts in risk communication, other federal agencies, academic institutions, and other organizations as appropriate. Final plans for the expert review will be finalized upon award and completion of previous tasks. The reviews will most likely be conducted at the person's location using email and/or overnight mail. Feedback will most likely be conducted through email and conference calls, with the possibility of one or two small face-to-face meetings. Contractor will be responsible for supporting CDC by providing administrative support, logistical arrangements, and other functions as outlined by the technical monitor.

If any materials are developed for the public (e.g. fact sheet), they should be pre-tested with members of the target audience. If required, the contractor should propose a plan for testing materials intended for the public. This plan, once approved by the technical monitor, shall be implemented according to the proposed timeline. The plan should include a detailed timeline, a pre-test protocol, analysis plans, and proposed staff to execute key activities. The plan, its components, and proposed staff shall be reviewed, (and revised if necessary) and approved by the technical monitor prior to implementation. Pre-test activities are subject to OMB regulations, and as such, the contractor may propose testing procedures that do not require OMB clearance (e.g. focus groups and/or one-on-one testing as long as no more than 9 individuals are asked the same question). If the plan exceeds these limits, then the contractor will need to prepare a full OMB package as appropriate. The pre-testing may also be done in phases, with an initial pre-test occurring at the same time more intensive testing and full OMB package are planned.

Pre-testing may be a combination of appropriate methods, including, but not limited to: one-on-one testing, telephone interviews, and/or focus groups. If focus groups are used, the Contractor should use a professional focus group moderator, whose job is exclusively or almost exclusively conducting focus groups and one that is experienced in working with health issues. The moderator or interviewer proposed will be reviewed and approved by CDC prior to the pre-

testing activities. With guidance and on-going dialogue with CDC, the Contractor will set up testing sessions; prepare recruitment criteria, an interview/moderator guide, or other materials as appropriate; capture respondent reactions; provide CDC with a transcript of each testing session, and prepare a written report of the results.

Task 5: Materials Distribution:

The contractor should be prepared to provide support in all aspects of getting the TA materials distributed. A comprehensive plan for distributing the TA materials will be prepared by Contractor after award of this task and completion of some of the materials. Planning will involve meeting with appropriate CDC staff, and partners and others as suggested by DCPC and other CDC Staff. The final distribution plan should be submitted to the Technical Monitor for approval prior to actual distribution.

Depending on the products' format(s), the Contractor shall prepare printing or electronic files as appropriate, and be responsible for their distribution. For any and all printed materials, the contractor will also be responsible for developing and submitting to the technical monitor, final print files and documentation suitable for GPO printing and archival copies at CDC. All materials (print or otherwise) must adhere to CDC and HHS editorial, graphic, printing and other standards as appropriate. In addition, materials will be reviewed/cleared according to HHS/CDC procedures. The contractor must abide by "JCP Government Printing and Binding Regulations", Articles 35-1, -2 and -3. Printing cannot exceed 5,000 units of only one page and 25,000 units of multiple pages, maximum size of 10 3/4 x 14 1/4", and cannot be repetitive in nature. A unit is defined as one sheet, size 8 1/2 x 11", one side only, one color. Contingent upon need and the availability of additional resources, this task may be expanded in the future.

Task 6: Risk Communication and Media Relations Training.

As part of the task, the Contractor may be asked to provide training sessions on risk communication and media training. The purpose of the risk communication training would be to increase the knowledge and skills of the participants in the principles of risk communication. The purpose of media training would be to enhance the participants' abilities to give interviews to the print and broadcast media, and enhance their "media presence." The exact nature and locations of the training sessions will be determined by the Technical Monitor, but are likely to involve a series of training courses, ranging from one hour to one to two days, depending on the audience and identified need. Training sessions may be conducted with a few staff from CDC and/or NPCR registries at mutually convenient times and locations, or may be conducted at existing regional or national conferences. Contingent upon need and the availability of additional resources, this task may be expanded in the future. In responding to this task, the Contractor should propose potential trainers and risk communication experts, and state the nature of the persons' relationship to the Contractor. Bios and resumes should be included on any and all personnel proposed for this task.

Task 7: Media Outreach.

As part of this proposal submission, Offerors are asked to propose a plan for media outreach, with the purpose of enhancing the media's understanding of cancer investigations and improving the quality of reporting on so-called "cancer clusters." See below evaluation criteria number 3: Sample Submission.

Task 8 Technical Assistance to NPCR registries

As directed by the technical monitor and CDC staff, the contractor shall provide individual consultation and technical assistance to NPCR registries. This guidance may be in one of more of the following forms: assistance integrating risk communication strategies into current state plans and activities; media and risk communication training sessions; telephone consultations; or if sufficient need is indicated (and resources are available), through one-on-one assistance on appropriate projects. The technical assistance will focus on how to help CDC and NPCR registries acquire the skills, materials, and resources to plan, develop, and implement effective approaches and responses to dealing with the media and public at times of concern. Plans for providing technical assistance should involve on-going interaction with CDC staff and must be approved by the technical monitor prior to implementation. Contingent upon need and the availability of additional resources, this task may be expanded in the future.

Task 9: Project Documentation and Final Report.

On an on-going basis, the Contractor will document the activities undertaken in this scope of work and provide such documentation to CDC as requested by the technical monitor. In addition, the Contractor should compile all the documentation, and submit a final report on the series of activities undertaken for this overall task. The final report will document activities, products, training, etc.; describe steps and actions undertaken in their development; report summary findings, future recommendations, etc. as appropriate; and describe other appropriate and relevant information as requested by the Technical Monitor. The Contractor will also submit any other materials as requested by the technical monitor to support this project (e.g. PowerPoint slides,) for use by CDC as needed.

ITEMS FROM CDC APPROPRIATE FOR TASK COMPLETION: Government will provide a summary of comments received from NPCR staff to assist in the planning of this RFTP. Results of a content analysis on cancer investigations will also be provided if available at the time this task is being prepared for submission to CDC. The offeror, however, is encouraged to think broadly and demonstrate their experience and understanding of the issues, independently and without being limited to previous planning activities.

DELIVERABLES -

Anticipated time line for activities and deliverable due dates are as follows:

Oct 2004

- ! Initial kick-off meeting with CDC
- ! On-going planning meetings/conference calls
- ! Begin project planning
- ! Develop and submit an initial project plan

Nov 2004

- ! Submit for approval final TA plan, including details on risk communication inventory, training plans, media outreach, etc.

Dec 2004 to Jan 2005

- ! Begin risk communication inventory
- ! Begin risk communication training and course preparation as directed
- ! Begin media outreach activities

Feb 2005

- ! Complete risk communication inventory and prepare report of results and recommendations

March 2005

- ! Begin implementing recommendations as approved by Technical Monitor
- ! Begin TA product(s) development
- ! Submit training and course plans and curricula for review and approval
- ! Continue media outreach activities according to timeline and plans

April 2005

- ! Continue product development and revisions as planned
- ! Implement training and course plans and curricula according to timeline and plans

May 2005

- ! Complete final draft of TA products
- ! Begin Expert Review Planning
- ! Begin TA product distribution planning

June 2005

- ! Begin Expert Review of selected products
- ! Submit final distribution plan for materials

July 2005

- ! Compile comments from expert review
- ! Revise TA product(s) as needed
- ! Prepare final version TA product(s) for approval

Aug 2005

- ! Prepare and provide the government print or electronic files as specified by the technical monitor.

! Disseminate TA products and materials according to previously developed plan

Sept/Oct 2005

! On-going planning meetings and discussions for year 2

! Submit year 2 plans for TA and document development and training

Nov to Dec 2005

! Revise plans as needed

Jan to July 2006

! Implement year 2 plans

Aug 2006

- Submit report documenting overall effort detailing each step, actions taken, findings summary, descriptions of each of the major activities, successes and other appropriate evaluative information.
- Revise report, as necessary

Sept 2006

! Final report due

PERIOD OF PERFORMANCE: Date of Award through September 30, 2006.

SPECIAL CLEARANCES: N/A

Special Clearances:

Check all that apply:

☐ OMB
☐ Human Subjects
☐ Privacy Act

Production Clearances: (expected)

☐ 524 (concept)
☒ 524a (audiovisual)
☒ 615 (printing)

Clearances will be obtained as appropriate, when specific materials needing such clearances are planned and developed. Initial tasks do not require special or production clearances, and involve no research subjects.

Evaluation Criteria:

- A. This task order will be awarded to the offeror whose proposal is considered to be the most advantageous to the Government, price and other factors (identified above) considered. **Technical factors will be more important than costs in this evaluation.**

The Government will not make an award at a significantly higher overall cost to the Government to achieve only slightly superior performance. Award of the Task Order will be made to a single offeror whose proposal provides the combination of features that offers the best or greatest overall value to the Government. In accordance with FAR 15.101-1, the tradeoff process will be used by the Government to consider award to other than the lowest priced offeror or other than the highest technically rated offeror. This process will permit the Government to make tradeoffs among price and non-price factors such as technical rating and allow the Government to accept other than the lowest priced proposal. The Government will not make an award at a significantly higher overall price to the Government to achieve only slightly superior performance. Overall price to the Government may become the ultimate determining factor for award of a Task Order as proposals become more equal based on the other factors.

- B. The Government will perform a qualitative technical review of proposals. The technical evaluation will be performed in accordance with the following criteria:

| <u>Criteria</u> | <u>Points or relative Value of criteria</u> |
|--------------------------|---|
| Technical Approach | 20% |
| Similar Experience | 30% |
| Requested Submissions | 20% |
| Staffing/Sub-Contractors | <u>30%</u> |
| Total | 100% |

(1) TECHNICAL APPROACH

- a. A clear, succinct statement of CDC 's requirements for the planning, development, and implementation of the tasks described. The statement must be in the offeror's own words and should demonstrate their understanding of: risk communication, media relations, public relations, speaker media training, cancer, and the issues surrounding risk communication in the context of unusual or unexplained higher-than-expected incidence of cancer cases, and/or other health issues. It should also include a brief description of the philosophy and approach to be taken in developing and implementing the tasks outlined in this RFTP, as well as the approach to overall project management and interaction with DCPC and other CDC and NPCR staff. These criteria will be evaluated according to the soundness, practicality, and feasibility of the Contractor's technical approach for providing the services required for this task order.

(2) SIMILAR EXPERIENCE

- a. The offeror should describe prior experience in all aspects of the tasks related to this RFTP, including experience with: media outreach; media relations (particularly in times of crisis or risk communication situations); provision of media training,

particularly with an emphasis on risk or crisis communication; TA materials development, especially in the areas of media relations and/or risk communication; working with the content areas of cancer (or other relevant issue); and any other experience considered relevant to the successful execution of this task. Experience described should be limited to a medical, health, safety or health-related issue(s) of relevance primarily in the US. A part of this description, the offeror should describe: the client name (if able to release); description of the situation, including the project's purpose and target audience; communication objective; description of communication strategies and/or materials used; process or steps undertaken in their development and/or implementation; outcome of the effort (e.g. sample clips from media coverage); and other information as appropriate and that would assist in evaluating the offeror's similar experience. This description should be in the main proposal, but may be presented in tables or other suitable format.

- b. As part of this submission, the offeror should provide no more than five sample documents or products used in similar work experiences described above and should submit the samples in electronic form. Contractors should select the samples they feel best represents their expertise, experience and abilities. At least two samples should demonstrate the offeror's practical and real-life experience, and represent an actual situation in which the principles of risk or crisis communication helped the offeror's client respond to the news media and/or public. The other samples may be up to the offeror's choosing. Examples might include, training manuals, course curricula, or any other product(s) the offeror deems appropriate. Individuals responsible for the products' development should be stated, along with their current relationship to the Contractor, and whether or not that person(s) will be proposed for this project.
- c. The Offeror should also provide the names, titles, and phone number of three clients for which similar work was conducted. These may be consulted as references if needed, and as such may be incorporated into the score for this element.

(3) REQUESTED SUBMISSIONS

- a. As part of this proposal submission, the offeror should submit the following: 1) selecting only one of the projects described in similar experience, the Contractor should describe, in hindsight, what they would have done differently and what lessons their experience offers for future similar situations (worth 5 of 20 points); and 2) the offeror's proposed plan for media outreach (worth 15 of 20 points). For the media outreach plan, the offeror should proposed activities and strategies that would help the government achieve the stated objectives. The proposed budget should include the media outreach activities proposed by the offeror.

4) STAFFING, INCLUDING POTENTIAL SUB-CONTRACTORS

- a. Contractors are to provide (1) a staffing plan that demonstrates their understanding of the labor requirements for this task order; and (2) a management plan that describes their approach for managing the work, to include subcontract management if

- applicable; and 3) descriptions, bios and other relevant information on key staff, consultants, and trainers that outlines their experience to carry out the work described in this task. For each key staff member, their expertise in the area of media relations, risk and/or crisis communication, public relations, training, technical assistance, and/or media expertise experience should be clearly stated. Project director, and other senior level staff should be identified by name, and roles and responsibilities outlined. Include this information in the main proposal, however full resumes may be contained in the appendix. The appropriate percentage of time each individual will be available for this project should also be stated.
- b. If proposed, provide similar information on proposed sub-contractors, and on proposed consultants, experts, trainers, etc. For each sub-contractor or individual, include their role(s), expertise, experience, and how they will work with the prime contractor. Also include a rationale for sub-contracting, and how the particular sub-contract supplements the experience and expertise of the prime, and approximate level of effort of sub-contractors in relationship to prime. If expert (individual) consultants are proposed, state the nature of the relationship (e.g., exclusive, on retainer, ad hoc, etc.), the proposed consultants' availability, and their relationship to the project. Sample supporting materials may be included in sample documents to explain and/or justify the use of sub-contracts and consultants. However, any documents from sub-contractors and/or consultants should be labeled as such. This criteria will be evaluated according to the soundness, practicality, and feasibility of the offeror's staffing and management plans for this task order.
- C. Cost Evaluation: A cost analysis shall be conducted to determine the reasonableness of the contractor's cost proposal.

Point of Contact:

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